

# Unannounced Care Inspection Report 7 February 2017



## Fairlawns

**Type of service: Residential Care Home**  
**Address: 63 Drumcairn Road, Armagh, BT61 8DQ**  
**Tel No: 028 3752 5074**  
**Inspector: Laura O'Hanlon**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Fairlawns took place on 7 February 2017 from 10:30 to 17:15.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

Three areas for improvement were identified in relation to fire safety issues and the storage of AccessNI information. One recommendation, relating to the home's environment was stated for a second time.

### Is care effective?

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders.

No requirements or recommendations were made in relation to this domain.

### Is care compassionate?

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

No requirements or recommendations were made in relation to this domain.

### Is the service well led?

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of incidents, quality improvement and maintaining good working relationships.

No requirements or recommendations were made in relation to this domain.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Claire Cassidy, registered manager and Ruth Brimage, deputy manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 6 October 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Fairlawns – Michael Murphy	<b>Registered manager:</b> Claire Patricia Cassidy
<b>Person in charge of the home at the time of inspection:</b> Claire Cassidy	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> I - Old age not falling within any other category DE – Dementia MP - Mental disorder excluding learning disability or dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years PH - Physical disability other than sensory impairment	<b>Number of registered places:</b> 56

## 3.0 Methods/processes

Prior to inspection the following records were analysed: the previous inspection report, the returned QIP and the accident and incident notifications.

During the inspection the inspector met with approximately 28 residents, one member of the domestic staff, one member of the catering staff, three members of the care staff, the deputy manager and the registered manager.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- One staff competency and capability assessment
- Staff training schedule/records
- One staff recruitment file

- Minutes of recent staff meetings
- Three residents’ care files
- The home’s Statement of Purpose
- Audits of care records, accidents and incidents (including falls, outbreaks), complaints and the environment
- Accident/incident/notifiable events register
- Annual Quality Review report
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Policies and procedures manual

A total of 12 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA.

**4.0 The inspection**

**4.1 Review of requirements and recommendations from the most recent inspection dated 6 October 2016**

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

**4.2 Review of requirements and recommendations from the last care inspection dated 6 October 2016**

Last care inspection statutory requirements		Validation of compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 19 (2) Schedule 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 6 May 2016</p>	<p>The registered person must ensure that the hours worked by the registered manager are recorded on the duty rota. In addition to this the duty rota should identify the person in charge of each shift and reflect the capacity in which each staff member is employed.</p> <p><b>Action taken as confirmed during the inspection:</b> A review of three weeks duty rota confirmed that the registered manager’s hours were recorded, the person in charge was identified and the relevant grades of staff were also recorded.</p>	<p><b>Met</b></p>

<p><b>Requirement 2</b></p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2016</p>	<p>The registered provider must ensure that staff appraisals are completed annually.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of the schedule for staff appraisals confirmed that these were completed annually.</p>	<p><b>Met</b></p>
<p><b>Last care inspection recommendations</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Recommendation 1</b></p> <p>Ref: Standard 21.5</p> <p>Stated: First time</p> <p>To be completed by: 6 January 2017</p>	<p>The registered provider should ensure the adult safeguarding policy is reviewed to reflect the current regional guidance including the implementation of a safeguarding champion. In addition a copy of this guidance should be made available for staff within the home.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of the policy on adult safeguarding confirmed that it reflected the current regional guidance including the implementation of a safeguarding champion. A copy of this guidance was available in the home.</p>	<p><b>Met</b></p>
<p><b>Recommendation 2</b></p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: 6 December 2016</p>	<p>The registered provider should review and improve the flooring in the main sitting room.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The registered manager confirmed that the flooring had been treated. However an inspection of the environment confirmed that the floor remained marked and stained. This recommendation was stated for the second time.</p>	<p><b>Not Met</b></p>
<p><b>Recommendation 3</b></p> <p>Ref: Standard 3.7</p> <p>Stated: First time</p> <p>To be completed by: 7 October 2016</p>	<p>The registered provider should ensure that pre assessments are completed prior to the admission of any resident to the home.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of three care records confirmed that pre assessments were completed prior to the admission of any resident to the home.</p>	<p><b>Met</b></p>
<p><b>Recommendation 4</b></p> <p>Ref: Standard 6.6</p>	<p>The registered provider should ensure that all care plans are reviewed to confirm that they are fully reflective of the residents' identified needs.</p>	<p><b>Met</b></p>

<b>Stated:</b> First time  <b>To be completed by:</b> 6 December 2016	<b>Action taken as confirmed during the inspection:</b> A review of three care records confirmed that care plans were reflective of the residents' identified needs.	
<b>Recommendation 5</b>  <b>Ref:</b> Standard 25.8  <b>Stated:</b> First time  <b>To be completed by:</b> 7 October 2016	The registered provider should ensure that staff meetings are undertaken on a quarterly basis.  <b>Action taken as confirmed during the inspection:</b> Discussion with registered manager confirmed that a staff meeting was scheduled for December 2016 however due to an outbreak in the home, this was cancelled. The registered manager provided a schedule for staff meetings in 2017 which confirmed these would be completed quarterly.	<b>Met</b>

### 4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Review of one completed induction record and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff were regularly provided. A schedule for mandatory training and annual staff appraisals was maintained and was reviewed during the inspection.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. One staff competency and capability assessment was reviewed and found to be satisfactory.

Discussion with the registered manager and review of one staff personnel file confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. However it was noted that the date which the enhanced AccessNI disclosure was returned was not recorded. A recommendation was made in this regard.

Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A safeguarding champion had been established. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The registered manager confirmed there were restrictive practices employed within the home, notably locked doors, keypad entry systems, CCTV at the front entrance and within the kitchen area and pressure alarm mats. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

A review of the Statement of Purpose and Residents Guide identified that restrictions were adequately described.

The registered manager confirmed there were risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly.

The registered manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. Observation of equipment during the inspection validated this.

There was an infection prevention and control (IPC) policy and procedure in place. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been one outbreak of infection within the last year which had been managed in accordance with the home's policy and procedures. The

outbreak had been reported to the Public Health Agency, trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents’ bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. One recommendation, relating to the home’s environment was stated for a second time.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. During the inspection three fire doors were noted to be wedged open. A requirement was made to ensure that this practice is ceased with immediate effect.

Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 13 July 2016. Whilst the registered manager reported that all recommendations from the fire risk assessment were addressed, they were not appropriately signed off. A recommendation was made to ensure that any actions identified in the fire risk assessment are signed off when completed.

Review of staff training records confirmed that staff completed fire safety training in October 2016. A review of fire safety records identified that fire-fighting equipment was checked monthly and was regularly maintained.

**Areas for improvement**

Three areas for improvement were identified in relation to fire safety issues and the storage of AccessNI information. One recommendation, relating to the home’s environment was stated for a second time.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	3
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**4.4 Is care effective?**

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and a daily statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents’ health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care records, accidents and incidents (including falls, outbreaks), complaints and the environment were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with, review of care records and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Staff confirmed that they had received training in communication/customer care.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

### Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.5 Is care compassionate?

The registered manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. Such systems included daily discussions, care management reviews, residents' meetings and the monthly monitoring visits.

Residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. On the day of the inspection a number of the residents were participating in arts and crafts activities, while others attended the hairdresser in the home. Arrangements were in place for residents to maintain links with their friends, families and wider community. The staff confirmed that family are welcome to visit the home at any time. Care records also reflected ongoing liaison with family members.

Comments made by residents during the inspection were:

- “They are the very best in here, I can find no faults. The staff are all alright, sometimes they do far more for me than what they should. The food is good.”
- “I am getting on well.”
- “I am very happy in here. The staff are all good to me. There is always a choice of food and if you didn’t like it, you can get something else.”
- “We think it’s great, the staff are kind and good and we are treated with dignity. The food is good.”

Comments made by staff during the inspection were:

- “There is always a choice of food for the residents. Meals are discussed at the residents meetings and we get feedback from this. This is then incorporated into our menu plan. The management are friendly but firm.”
- “I love it in here, it’s a nice environment and its homely. I enjoy working here everyone is very helpful. There is good communication at the shift handover. Everyone helps each other out. We are a good staff team.”
- “There is a good staff team and we all work well together. The management are approachable and there is good team morale. Everyone gives 100% when it comes to the needs of the residents.”
- “Everyone works well together. I really like the new unit. Both the management are approachable.”

**Areas for improvement**

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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**4.6 Is the service well led?**

The registered manager outlined the management arrangements and governance systems in place within the home. The needs of residents were met in accordance with the home’s Statement of Purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and

procedures were systematically reviewed every three years or more frequently as changes occurred.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

The registered manager confirmed that they were aware of the “Falls Prevention Toolkit” and were using this guidance to improve post falls management within the home.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home’s Statement of Purpose. Discussion with the registered manager identified that they had understanding of their role and responsibilities under the legislation. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home as they visit the home on a regular basis in addition to the monthly monitoring visits.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration certificate was displayed.

The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

### **Areas for improvement**

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Claire Cassidy, registered manager and Ruth Brimage, deputy manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

## 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory requirements

#### Requirement 1

**Ref:** Regulation 27 (4) (b)

**Stated:** First time

**To be completed by:**  
8 February 2017

The registered provider must ensure that the practice of propping doors open is ceased with immediate effect. In addition, the need for a self-closing device which is activated by the fire alarm system should be considered in conjunction with the regulations of the HTM 84.

**Response by registered provider detailing the actions taken:**  
Management have reassessed practice by some staff of propping open doors.  
Staff meeting commence for all department on week commencing 6/3/17. Issue discussed with staff and staff reminded the importance of adhering to HTM54 regulations. Staff asked to sign document to reassure that they agree not to prop open doors.  
Management staff monitoring adherence to same.

### Recommendations

#### Recommendation 1

**Ref:** Standard 27.1

**Stated:** Second time

**To be completed by:**  
7 April 2017

The registered provider should review and improve the flooring in the main sitting room.

**Response by registered provider detailing the actions taken:**  
Management have consulted flooring contractor. Wooden floor will be removed, the floor will be levelled and a new floor will be put in place.

#### Recommendation 2

**Ref:** Standard 19.3

**Stated:** First time

**To be completed by:**  
26 January 2017

The registered provider should ensure that the date on which the enhanced AccessNI disclosure is returned should be recorded in line with best practice.

**Response by registered provider detailing the actions taken:**  
The date on which the enhanced AccessNI disclosure is returned is recorded on individual staff personal files as recommended.

#### Recommendation 3

**Ref:** Standard 29.1

**Stated:** First time

**To be completed by:**  
14 February 2017

The registered provider should ensure that any actions identified in the fire risk assessment are signed off when completed.

**Response by registered provider detailing the actions taken:**  
Actions identified in the fire risk assessment. Report completed regarding action taken as recommended.

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**





The Regulation and  
Quality Improvement  
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

Web [www.rqia.org.uk](http://www.rqia.org.uk)

 @RQIANews